

I. EPA/STATE Hazardous Waste I.D.#  
W A D 9 8 8 4 6 8 1 6 1

II. Waste Designated By:  
RCRA/State SQ/RCRA  
State Only  
Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:  
RCRA Exempt Recycler  
State Exempt Recycler  
Below QEL  
Other

IV. Handling  
Emergency  
Remedial Action  
One-Time-Only  
Other

DEPARTMENT USE ONLY

FORM 2  
NOTIFICATION OF  
DANGEROUS WASTE  
ACTIVITIES

(send to) Attn: DW Notifications  
Washington State Department of Ecology  
M/S PV-11 Olympia, WA. 98504-8711  
(206) 459-6305/6306

DATE IN TO DEPARTMENT

Init: Date: Region:  
EPA: Date: Copy:  
Input: Update: Ack:

DEPARTMENT USE ONLY

Type or Print in Ink—Form designed for use on Elite (12 pitch type)

1. ☒ A. FIRST NOTIFICATION (no previous application has been made for this site)  
☐ B. REVISED NOTIFICATION date revisions effective: mm dd yy  
(Enter existing site I.D. # in Part 1F. List sections you revised: )  
☐ C. WITHDRAW SITE I.D.# (Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in Part 1F.)  
☐ D. REACTIVATE SITE I.D. # (Complete all sections of the form. Enter previously assigned I.D. # in Part 1F.)  
☐ E. CANCEL SITE I.D. # (Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in 1F.)  
☐ F. EXISTING I.D. # (Complete for items 1B, C, D, & E only) W A

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

6 0 0 - 3 4 9 - 0 4 5

3. NAME OF COMPANY

S e a t t l e I n t e r n a t i o n a l R a c e w a y s  
I n c

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

P O B o x 5 0 6

CITY OR TOWN

STATE

ZIP CODE

K e n t W A 9 8 0 3 5 -

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

3 1 0 0 1 1 4 4 <sup>th</sup> S. E. K i n g

~~K e n t W A 9 8 0 4 2~~

CITY OR TOWN

STATE

ZIP CODE

K e n t W A 9 8 0 4 2

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).

7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR =/  
☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).  
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other (specify in comments)  
☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.  
3b. Processes conducted or available at this facility:  
(1) ☐ Treatment (2) ☐ Storage (180 days) (3) ☐ Disposal  
(4) ☐ Other (specify in comments)  
☐ 4. UNDERGROUND INJECTION OF WASTE(S).  
☐ 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. ☐ Generator Marketing to Burner 5b. ☐ Other Marketer  
5c. ☐ Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)

7B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 7C)  
☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1 ☐ Utility Boiler 2 ☐ Industrial Boiler 3 ☐ Industrial Furnace.

7D. NEW REGULATORY REQUIREMENTS:

Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #.

(continue in Comments).

8. CONTACT PERSON

NAME (last),

(first)

R o c k s t a d J i m

TITLE

PHONE NO. (area code & number)

G e n e r a l M A N A G e r 2 0 6 - 6 3 1 - 1 5 5 1

9A. OWNERSHIP (Legal Owner(s) of this Company)

10A. TYPE OF OWNERSHIP  
(enter letter code in box)  
SEE INSTRUCTIONS

10B. IS SITE LOCATED ON INDIAN TRUST LANDS?  
Y=Yes N=No

9B. OWNERSHIP (Legal Owner(s) of site (Property) )

F i o r i t o B r o s. C o n s t. P N



**11. WASTE IDENTIFICATION** (Copy this page if you have more than 10 waste streams—other information (sections 12-15) not needed on continuation sheets)

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WASTE CODE
1	Waste Petroleum Oil N.O.S. (contaminated w/ Halogenated Solvents)	F001WP02 F002D001	16000	P
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 12C. indicate maximum to be accumulated on-site prior to shipment.

12A. ☒ (Batch Frequency 1 yr) 

Q	U	A	N	T	I	T	Y
1	6	0	0	0	0		
						W	E
						I	G
						H	D
						E	

**P** 12B. ☐ PER MONTH 

Q	U	A	N	T	I	T	Y
						W	E
						I	G
						H	D
						E	

**P**

12C. Amount to be Accumulated on-site prior to shipment 

Q	U	A	N	T	I	T	Y
1	6	0	0	0	0		
						W	E
						I	G
						H	D
						E	

**P**

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

9.b. Fiorito Bros. Construction  
1100 N.W. Leary Way  
Seattle, WA. 98107